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December 4, 2009

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

RE: Comments – NBP Public Notice #17
GN Docket Nos. 09-47, 09-51, and 09-137;
WC Docket No. 02-60

Dear Ms. Dortch:

On behalf of the California Telehealth Network (CTN), I thank you for the opportunity to respond to health care delivery elements of the national broadband plan (Public Notice #17; GN Docket Nos. 09-47, 09-51, 09-137; and WC Docket No. 02-60). The CTN, a Rural Health Care Pilot Program (RHCPP) grant recipient, was established in 2007 as a statewide dedicated health care broadband network, developed to ensure that California communities, especially rural communities, have access to a wide range of telemedicine and eHealth activities. The University of California (UC), with the UC Davis Health System serves as the lead technical and operational entity for the CTN.

We appreciate the comprehensive outline soliciting input on how advanced infrastructure and services could help achieve efficient implementation of health IT applications. At this time the CTN is in the final negotiation stages with the vendor that will implement the connectivity services. The third party broadband vendor will deploy and manage the network facilities. All physical infrastructure, detailed architectural design, IP addressing scheme, router configuration, system installation, maintenance and repair, and establishment of peering points with external networks, will be obtained as a comprehensive managed service. As network and infrastructure details become available, the CTN will work with Universal Services Administrative Company (USAC) to keep them informed on the specifics as they relate to the deployment and adoption of broadband services.

We are happy to provide detailed information as outlined in the Request for Comment, but will focus our response on several key programmatic elements. Comments are provided in response to item #6 b, "Questions Relating to the Pilot Program".

Impediments (#6 b. ii.):
Administrative and Operational Expenses
It is an extremely challenging issue to adequately support the implementation and operational components of the projects, since expenses encumbered for these and related functions are not allowable under the RHCPP. Authorizing funding for operational expenses or allowing the match to cover administrative expenditures (currently ineligible expenses) would relieve some of the challenges

associated with project management. Operational funding would include staff salaries, project related travel and other recurring operating expenses. It is recommended that a percentage of the project funds (suggest no less than 15%) for administrative and operational costs be included as eligible expenses.

Grant Reporting
Transparent and detailed reports are essential for all publically-funded grant programs, and it would be helpful to simplify and streamline the reporting requirements for the program. The documentation has been challenging due to the level of detail and involvement required. For example, detailed quarterly progress reports have been required of all participants, beginning in Q4 of 2007 even when funding has not been received to start the project.

Telehealth and Telemedicine Leveraging (#6 b. iii.):
Broadband enables telemedicine and the delivery of critical healthcare services to remote and home-bound patients, facilitates enormous cost savings, and empowers individuals by providing them with access to critical medical information. A broad spectrum of health care facilities and individual providers can potentially benefit from the ready availability of broadband-enabled telehealth/telemedicine services. However, particularly in rural communities, there is often great variability in the accessibility of various types of health care delivery entities (critical access hospitals, nursing homes, private practitioners, etc.). While some communities may have a wide spectrum of available provider types, in many others, a single health care entity may serve the multiple community health care needs. It is certainly the case in California that in many instances, the sole community health care entity is ineligible under current RHCPP requirements. RHCPP eligibility policies should accommodate such variability by adopting appropriate flexibility in eligibility requirements. Moreover, the current process for validating RCHPP eligible sites is complex, lengthy and the selection criteria are in certain respects, quite arbitrary. For example, eligibility requirements prevent for-profit providers from participating in the RHCPP. This limitation is particularly onerous for many rural communities that are exclusively served by small private clinics or individual private practitioners. Consequently, sites that are integral to a local/regional health delivery system are not considered eligible to participate. Nursing homes and other long-term care facilities, emergency medical service facilities and home health agencies are just a few of the additional essential health care institutions that are ineligible under the RHCPP, but would benefit from participation.

The primary end-users for the RCHPP are safety-net health care providers who provide health care primarily to the uninsured and underinsured population. Given certain exclusions with FCC project funding, and the multibillion-dollar budget cuts affecting California's community anchor institutions, the benefits of broadband expansion for health care institutions cannot be realized without significant cooperation and coordination with other federal, state, local, tribal and non-profit organizations. The American Recovery and Reinvestment Act (ARRA) Broadband initiatives offer a tremendous opportunity to drive broadband expansion and utilization. Ideally, the RHCPP should be closely coordinated and structured within a cohesive, comprehensive integration of NTIA/RUS/DHHS and other state/federal initiatives, rather than the current fractured environment of individual, unaffiliated programs.

Extension of the Pilot Program (#6 b. v.):
It is important that the Pilot Program continue to focus on creation and expansion of the broadband healthcare network. If the goals and objectives of the initial program have been met, then an extension based on the lessons learned from the pilot project should be considered. A request for applications to further healthcare network sustainability options and to expand to others beyond the current network (e.g., private providers, skilled nursing facilities, etc.) might be the next step. Given the historically

very limited participation in the Standard Program (RHD), it is certainly advisable to consider a transition to a single program, modeled after the RHCPP, but incorporating more beneficial funding and eligibility policies as itemized above.

Thank you for the opportunity to provide input relating to the Rural Health Care Pilot Program. This program is historic and has the potential to facilitate the transformation of healthcare. The vision of the FCC to implement this program will result in improved access and quality of care for millions of Americans and we appreciate your willingness to consider program improvements to achieve maximum success. If you have any questions about these comments and recommendations, please do not hesitate to contact me at (916) 734-1322 or thomas.nesbitt@ucdmc.ucdavis.edu, or the CTN Assistant Director, David Harry, at (916) 734-5675 or david.harry@ucdmc.ucdavis.edu.

Sincerely,

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